

EXPENSE WORKSHEET FOR EN ROUTE TRAVEL (OR HOUSE HUNTING IF APPLICABLE)**DATE:** _____**NAME:** _____ **MODE OF TRAVEL:** _____**NEW STATION:****PERMANENT RESIDENCE ADDRESS:** _____
_____**HOME TELEPHONE:** _____ **EMAIL:** _____**BUSINESS ADDRESS:** _____
_____**BUSINESS TELEPHONE:** _____ **FAX #:** _____**DEPARTURE POINT (Old Official Duty Station)**

City	Departure Date	Time	Odometer Reading	Airline Flight #

OFFICIAL STOPOVERS EN ROUTE (REGIONAL OFFICE/STATE HEALTH DEPARTMENT)

Arrival Date	Regional Office (City)	Time	Odometer Reading	Airline Flight #
Departure Date		Time	Odometer Reading	
Arrival Date	Regional Office (City)	Time	Odometer Reading	Airline Flight #
Departure Date		Time	Odometer Reading	

DESTINATION POINT (New Official Duty Station)

City	Arrival Date	Time	Odometer Reading	Airline Flight #

Itemize Cost of limo and/or taxi fares (state origin and destination), bridge and/or highway tolls (name of bridge or highway), and parking fees (receipts required for any amount). Receipts are required for all parking fees and any other expense of \$75 or more (taxi, limo, etc.).

Accompanied on trip by: _____

List lodging rate for each night's lodging. Keep all lodging receipts for en route travel. Must submit receipts with voucher material.

Any interruption in travel should be explained in full. If authorized annual leave is taken, state dates of leave and the date leave was reported to your timekeeper for Time & Attendance Report purposes.

Actual Mileage exceeding 10% of the standard mileage (available at the following website: www.randmcnally.com) must be justified. Attach a justification outlining the reasons for the additional mileage. (For example, rerouting due to inclement weather, additional mileage incurred to secure lodging and meals en route).

EXPENSE WORKSHEET FOR EN ROUTE TRAVEL (OR HOUSE HUNTING IF APPLICABLE) continued

NAME: _____

BEGINNING ODOMETER READING: _____

<u>DATE</u>	<u>TIME</u>	<u>CITY AND STATE</u>	<u>LODGING</u>
_____	Dep _____	_____	_____
_____	Arv _____	_____	_____
_____	Dep _____	_____	_____
_____	Arv _____	_____	_____
_____	Dep _____	_____	_____
_____	Arv _____	_____	_____
_____	Dep _____	_____	_____
_____	Arv _____	_____	_____
_____	Dep _____	_____	_____
_____	Arv _____	_____	_____
_____	Dep _____	_____	_____
_____	Arv _____	_____	_____
_____	Dep _____	_____	_____
_____	Arv _____	_____	_____

ENDING ODOMETER READING: _____

REMARKS:
